



CMDP NEWS



The Comprehensive Medical and Dental Program (CMDP)
A Program of The Division of Children, Youth and Families, Arizona Department of Economic Security
Bi-Annual Newsletter for Arizona's Foster Care Community

MARCH 2008 **CMDP Ph#-602-351-2245, 1-800-201-1795** **1ST EDITION**

Welcome to the First Edition of the **2008 CMDP NEWS**.



CMDP Mission Statement:

“CMDP promotes the well being of Arizona’s children in foster care by ensuring, in partnership with the foster care community, the provision of appropriate and quality health care services.”

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New CMDP ID Cards

CMDP is pleased to announce that on **Saturday, March 1, 2008** RxAmerica will provide prescription coverage services for CMDP members.

Please Note: You can continue using the same pharmacy that you currently use to have prescriptions filled. CMDP will also continue to approve the same medications.

You will receive new CMDP Member Identification (ID) cards from your child’s case manager, CPS Specialist, Juvenile Probation or Parole Officer. **Please start using the new ID card beginning March 1, 2008.**

Your old ID card can only be used until Friday, February 29, 2008. This change will not affect your child’s CMDP ID number. This will remain the same.

If you do not use the new ID card beginning on March 1, 2008 this will cause a delay in getting your medications filled. Your request may be denied. You must use the new ID card. New RxAmerica information for the pharmacy to use is on the new cards.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, call 602-351-2245; TTY/TDD Services: 7-1-1. **Empleador/Programa con Igualdad de Oportunidades. Para obtener este documento en otro formato, comuníquese con Servicios para Miembros al 602.351.2245 o al 1-800-201-1795.**



If you do not receive your new ID card on or before March 1, please contact the CMDP Member Services Unit.

(If you have any questions please contact CMDP Member Services at 602-351-2245 or toll free 1-800-201-1795)

The Use of Over-the-Counter Cough and Cold Products

The U.S. Food and Drug Administration issued a Public Health Advisory that over-the-counter (OTC) cough and cold products should not be given to infants and children less than 2 years of age. These products should be used with caution for children under 6 years old. Serious and life-threatening side effects can occur from such use. OTC cough and cold products include decongestants and expectorants (products that promote the discharge of fluid or to relieve congestion), antihistamines (products used to treat allergic disorders and colds) and antitussives (cough suppressants) for the treatment of colds.

These medicines, which treat symptoms and not the underlying condition, have not been shown to be safe or effective in children under 2.

Preventive Care

Healthy Families Making Healthy Choices:

Eating right and being active are big parts of staying healthy. Here are some ways for foster caregivers and our CMDP members to live a healthy life:

Eat As A Family

- It's a great way to spend time together.

- Family or group meals can teach children about eating healthy.
- Try eating together at least once a day.



Be A Role Model

- Show children how to eat healthy foods by eating them yourself.

Be Active As A Family (or Group)

- Take trips to the park.
- Go for walks in your neighborhood.
- Play games outside with the children.

Making healthy diet and lifestyle choices is not always easy. Try to make changes little by little. Over time you will see results.

Barrier-Free Park Trails:

The city of Phoenix and Maricopa county parks have miles of scenic, barrier-free trails, ideal for people with disabilities.

The design of the trails is not just for someone in a wheelchair. They are for someone who has a heart condition, someone who is just starting out hiking or for a three-year old. Everyone should have the chance to get out in the parks and enjoy the desert and mountains.

“Barrier-free trails are a good way for those with disabilities to expand their experiences”, says Lynn Martinka. Lynn volunteers at Arizona Bridge to Independent Living, an organization that helps people with disabilities achieve, expand or continue an independent lifestyle.



She has been in a wheelchair since 1985. "They get you out of the house and into places you don't normally get to see".



"We get so comfortable in our everyday lives that sometimes it's scary to try something new. But it's important for those of us in the disabled community to step outside our comfort zones and try these trails and see how much fun they are".

Patricia Armstrong, a ranger at Estrella Mountain Regional Park, leads outings on the fourth Saturday of every month that she designed for people with visual or mobility impairments.

(To contact the Phoenix Parks and Recreation Department, call 602-262-6862, TTY 602-262-6713; the web site is <http://phoenix.gov/PARKS/>)

If you do not live in the Phoenix area contact your local city or county Parks and Recreation Department. Ask if they have barrier-free park trails.

Family Planning

An Age-Old Question: Whose Responsibility Is It?

When it comes to teenage sexuality we usually look to the parents to have "the talk". Teens (ages 12 to 18) in foster care may not be able to talk to their parents. You, as a foster caregiver however can be the person that they look to who will be non-judgmental and who they can turn to when they have questions.

If you will open the door, the questions will come. When you are talking with age appropriate teens,

ask them if they are sexually active. Have they thought about family planning, birth control, unwanted pregnancies, abstinence and being tested for sexually transmitted diseases?

There are many ways we can work to keep CMDP members healthy and safe, and this is one of them. CMDP covers most methods of birth control with the exception of IUD's. This will only be covered if there is a special reason, which makes it medically necessary.

So, will you open the door and be a resource for teens with questions that could affect their health and future? We trust that you will and we appreciate all you do for children in foster care.

(If you have any questions regarding what Family Planning services are covered, please contact the Maternal Health Nurse in the Medical Services Unit at CMDP, 602-351-2245 or 1-800-201-1795)

Transition to the Adult Health System

Children and teens with special health care needs, including behavioral health concerns, should have plans for when they turn 18 years old. How will they go from the children's system of getting services to the adult system? The reason to start the planning early is to help ensure the transition is smooth and without huge problems.

Conversations should begin around age 16 for most members. The talk should center around these topics, but limited to:

- Financial
- Transportation
- Medical
- Housing
- Educational and Vocational
- Social



- The “What ifs”

The goal should be that the adult services be person-centered, involve the young adults, their families and support systems, if possible.

2007 CMDP Member Cultural Competency Telephone Survey

Five Percent of Randomly Selected Members with Spanish Listed as their Primary Language:

Each conversation began with discussion on cultural competency with the adult member or foster caregiver for the member surveyed:

Definition of Culture:

- *The thoughts, actions, customs, beliefs, and values of racial, ethnic, religious or social groups.*

Culture Includes:

- *How health care information is received*
- *How rights and protections are exercised.*
- *What you think is a problem, how symptoms and concerns about the problem are expressed.*
- *Who should provide treatment, and the type of treatment given.*

To reflect our member population:

12 Randomly selected members were from Maricopa County.

11 Randomly selected members were from elsewhere in the state of Arizona.

Survey Questions and Results:

- Was the health care provided respectful of the member’s culture?
Yes-23 of 23 for 100% No-0

- Based on the cultural needs of the member, were the services acceptable?
Yes-23 of 23 for 100% No-0
- In respect of the culture and language spoken by the member, was the health care and treatment understood?
Yes-23 of 23 for 100% No-0

Conclusions:

- All participants surveyed stated that all providers either spoke Spanish or had an employee who spoke Spanish to assist with communication between the patient and provider.
- A majority of the members currently have knowledge of the English language. All of the foster caregivers had knowledge and spoke in English.
- The participants surveyed stated they had no major issues with any providers in regards to language, culture, or ethnicity.

One Hundred Percent of Non-English, Non-Spanish speaking Members:

Each conversation began with a discussion of cultural competency with the adult member or foster caregiver for the member:

Definition of Culture:

- *The thoughts, actions, customs, beliefs, and values of racial, ethnic, religious or social groups.*

Culture Includes:

- *How health care information is received.*
- *How rights and protections are exercised.*



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- *What you think is a problem, how symptoms and concerns about the problem are expressed.*
- *Who should provide treatment, and the type of treatment given.*

To reflect our member population:

Six members-Arabic as their primary language
 One member-Korean as the primary language
 Two members-Haitian as their primary language
 One member-Farsi as the primary language
 One member-Vietnamese as the primary language
 Five members-Somalian as their primary language
 (CMDP could only make contact with four of the foster caregivers for these members.)

Survey Questions and Results:

- Was the health care provided respectful of the member's culture?
Yes-4 of 4 for 100% No-0
- Based on the cultural needs of the member, were the services acceptable?
Yes-4 of 4 for 100% No-0
- In respect of the culture and language spoken by the member, was the health care and treatment understood?
Yes-4 of 4 for 100% No-0

Conclusion:

- All four members speak and understand English very well.



CMDP is required to mail surveys to 100 % of all members who file a complaint that their cultural needs were not met:

Results and Conclusion:

- CMDP has no record of any members and or foster caregivers that filed a complaint of not having the member's cultural needs met in regards to health care services.

CMDP contacts or mail surveys to 100 % of all member/foster caregivers who call CMDP and request providers that have similar cultural backgrounds or will provide services in a manner that is respectful and considerate of their cultural needs:

Results and Conclusions:

- CMDP had four members/ foster caregivers request health care providers based on their cultural backgrounds.
- CMDP was able to speak with two foster caregivers. They responded that they were satisfied with the health care services that they received.
- CMDP attempted to contact the other two foster caregivers three times with no response.

If you would like to comment on the results or have other survey comments, please contact CMDP Member Services.





Health Alert:

The Food & Drug Administration (FDA) released the following **health alert** on December 4, 2007:

- Children taking desmopressin (DDAVP) for bed-wetting should be given desmopressin **tablets** rather than the nasal form (nose spray).
- The nose spray form of this medicine may cause seizures because of low blood salts.
- Caregivers giving desmopressin to children should use the medicine with caution and follow the directions from the child's primary care provider (PCP).

CMDP Materials:

- All CMDP member materials are available in alternative formats and languages, this includes current member handbooks.
- Translation and interpreting services are also available for members and foster caregivers.
- These services are free of charge.
- Make your request by contacting Member Services, 602-351-2245, Toll Free 1-800-201-1795.

Web Site Information

The Healthy K.I.D.S. program has health education materials on nutrition and fitness. The information is for children and families. The web site address is www.childrenshealthfund.org.

Dole 5 A Day is a site hosted by 36 fruit and vegetable characters that make eating 5 fruits and vegetables a day fun. The web site address is www.dole5aday.com.

The United States Department of Agriculture Food and Nutrition Service has a web site titled, **“Eat Smart. Play Hard.”** It is about making children healthier. There are suggestions that will help children and their caregivers to eat healthy and be active. There are two addresses: <http://www.fns.usda.gov/eatsmartplayhardkids/> and <http://www.fns.usda.gov/eatsmartplayhard/Collection/main.html>.



The CMDP Web Site:

<http://www.azdes.gov/dcyf/cmdpe/>